

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 0 4

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

1/1/03

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.1005; §1902(a) of the Social Security
Act; 42 CFR 435.1006

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supp. 6 to Att. 2.6A

(03-04)

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 0

b. FFY 2004 \$ 0

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supp. 6 to Att. 2.6A

(02-04)

Vermont (03-004)

Approved: 05/15/03

effective: 01/01/03

10. SUBJECT OF AMENDMENT:

Update to Standards for Optional State Supplementary Payments

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Secretary of Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

XXXXXXXXXXXX Charles P. Smith

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

3/26/03

16. RETURN TO:

Roxanne Doty
VT Dept. of PATH
103 South Main Street
Waterbury, VT 05671-1201**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 27, 2003

18. DATE APPROVED:

May 15, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Richard R. McGreal

21. TYPED NAME:

Richard R. McGreal

22. TITLE:

Acting Associate Regional Administrator, DMCH

23. REMARKS:

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Payment Level (Monthly)*	
	Federal	State	One person with gross income ≤ \$1,656 per month	Couple with gross income ≤ \$3,312.00 per month
Independent Living Outside Chittenden County	X		\$604.04	\$927.88
Independent Living Chittenden County	X		\$604.04	\$927.88
Another's Household	X		\$407.30	\$600.98
Licensed Residential Care Level III (Limited Nursing Care)		X	\$819.13	\$1,432.69
Licensed Residential Care Level III (Assistive Community Care)	X		\$600.38	\$925.77
Licensed Residential Care Care Level IV	X		\$775.94	\$1,391.06
Custodial Care Family Home	X		\$650.69	\$1,161.82
Long-Term Care (Medicaid Payment)	X		\$47.66	\$95.33

*Vermont applies federal SSI program eligibility criteria, income disregards, and resource limitations.

42 CFR 435.1005
 42 CFR 435.1006

TN: 03-04
 Supersedes
 TN: 02-04

Approval date: 05/15/03

Effective date: 1/1/03